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ASSESSMENT OF THE HEALTH NEEDS OF THE COMMUNITIES SERVED BY
KAISER PERMANENTE OF RIVERSIDE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jennifer Van Arsdall

June 1996

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June 1996

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ABSTRACT

The purpose of this community needs assessment was to explore the unmet health needs in some of the communities of Riverside County, to discover which populations are most adversely affected by these unmet needs, and to determine what barriers hinder individuals from getting their needs met. United Way of the Inland Valleys, in cooperation with Kaiser Permanente of Riverside conducted this study as part of their community based needs assessment.

Seventy-two telephone surveys were made to obtain community information from individuals who were considered to be knowledgeable about the community. A series of coding phases were conducted in the data analysis of this positivist study to present the qualitative results. The findings indicate the unmet health needs of the community, the populations that are considered to be at risk of not having these needs met, and the barriers that prevent people from getting their health needs met. These results provide information to assist social workers and others to determine appropriate interventions for insuring the health and wellness of this community.

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- * United Way of the Inland Valleys, Administration, Staff, Volunteers, the Needs Assessment and Planning Committee, and all of the Survey Respondents
- * California State University, San Bernardino, Master of Social Work Program, Administration, Faculty, Staff, and Students
- * My Dear Husband, my Mother and Father, Family, Friends, Co-workers, Clients, and my Lord and Savior Jesus Christ

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Introduction

The purpose of this study was to explore the unmet health needs of some of the communities of Riverside County, to discover which populations are most adversely affected by these unmet needs, and to determine what barriers hinder individuals from getting their health needs met. The study was sponsored by United Way of the Inland Valleys, in cooperation with Kaiser Permanente of Riverside to evaluate the needs of their service areas.

Community Health and Wellness

Early history demonstrated a concern for the matter of preserving and improving the health of the group. The first recorded history of humanity indicates that people living in groups found it necessary to give some amount of organized consideration to the issue of health (Porterfield, 1966). Although health was traditionally viewed as the absence of illness, it was not until the mid-1900's that the definition of health was broadened to encompass more (Barefoot & Cunningham, 1977; Dunn, 1973; Golann & Eisdorfer, 1972).

In 1947 the United Nation's World Health Organization adopted a more comprehensive definition of health in the preamble to its constitution. "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." (Barefoot & Cunningham, 1977, p.116; Dunn, 1973; Golann & Eisdorfer, 1972). An emphasis was placed on a state of wellness that connotes a positive sense of being well. This complete wellness physically, mentally, and socially alludes to well-being in the body, in the mind, and in social interactions (Dunn, 1973).

This international health agency recognized the dimensions of human existence qualitatively and endorsed a concern for enhancing the quality of human life as a fundamental element in an appropriate view of health. The elaboration of the definition of health moved the philosophy of health from one that seeks merely to correct deficiencies to one that pursues a holistic harmony in life (Golann & Eisdorfer, 1972).

Social Work and the Community

Social work has been defined as "the professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals" (Zastrow, 1992, p. 6). A "biopsychosocial approach" to practice assists social workers in considering aspects of the body, mind, and social interactions when working with individuals, groups, and communities to increase their functioning and assist them in reaching their goals (Saleebey, 1992; Zastrow, 1992).

Bertha Reynolds, one of the pioneers of social work, stated that the unique place of social work is "between the client and community" (Zastrow, 1992, p.223). Community practice is the field of social work practice that views the community as the client (Zastrow, 1992).

Community organization is a task of community practice that is usually considered to be the responsibility of the social work profession because the goal of community organization is consistent with the goal of social work (Ross & Lappin, 1967). Although community organization has been defined in a number of ways emphasizing various themes,

the descriptions are similar in that they refer to developing and mobilizing resources to meet the social welfare needs of the community (McMillen, 1945).

Community Needs Assessments

One of the roles of a social worker in community organizing is to assess the potential problems or needs of the community and the nature of these, in order to formulate an appropriate intervention into the community (Tripodi, 1983). This is the first step in the process of community organizing and entails the identification of community problems or needs and the ordering or ranking of these in a community needs assessment (Ross & Lappin, 1967; Zastrow, 1992). Community needs assessments are a component of research that address social work community interventions (Tudor, 1982).

A "need" in common usage is that which is required for a person's health or well-being. In the context of a needs assessment, the term is appropriately used as a noun to denote a discrepancy between the standard or acceptable and desired condition and the status or state of affairs that exists in the actual, observed, or perceived condition.

These gaps between the goal and the reality that exist are appraised in a needs assessment (Witkin, 1984).

The term needs assessment has essentially become synonymous with the pre-evaluation phase or preimplementation tier of program planning. Program evaluation suggests a diagnostic element. Needs assessments are often conducted to identify needs, to set priorities, and to guide the planning and development of programs (Rubin & Babbie, 1993; Weiss & Jacobs, 1988).

Thus, needs assessments, as program evaluations, are a form of what is referred to as applied research (Babbie, 1992; Tripodi, 1983). The intent of applied research is to have some effect in the world (Babbie, 1992). Needs assessments help to identify gaps in service, examine what services are being provided, and evaluate how they are being provided (Markson & Allen, 1976). The information obtained from evaluative research can be used by social workers in considering decisions that affect their clients and the programs that serve their clients (Tripodi, 1983).

Kaiser Permanente of Riverside Service Area

The following information includes some aggregated statistics, or social indicators, that are reflective of the conditions of the population of Kaiser Permanente of Riverside's service area. This area includes the communities of western Riverside County including Moreno Valley, Lake Elsinore, and Canyon Lake Wildomar (the Tri-Communities); Temecula and Murrieta; Perris; Metropolitan Riverside; Corona and Norco; and Hemet and San Jacinto. The data was obtained from Kaiser Permanente of Riverside's 1995 Needs Assessment (Kaiser Permanente of Riverside, 1995).

Population

The estimated population for the service area of Kaiser Permanente of Riverside in 1994 was 887,861. This number indicated a population increase for this area of 12.5% from the estimated population of 788,886 in 1990. The population of the County of Riverside as a whole, which was estimated at 1,357,400 in 1994, is expected to increase by over 44% by the year 2005 to an estimated 1,960,300 persons.

Gender

The gender of the population of Kaiser Permanente of Riverside's service area is almost evenly distributed. Females make up 49.7% of the population; Males make up 50.3%.

Age

The median age for the residents of Riverside County as a whole is estimated at age 32.3 years. However, young persons under 18 years of age make up 29.9% of the service area of Kaiser Permanente of Riverside and senior citizens, those age 65 and over, make up 12.1% of this population.

Ethnicity/Race

The ethnic composition of the Kaiser Permanente of Riverside's service area includes the following groups: Non-Hispanic Whites comprise 67.5% of the total population of this area. Hispanics represent 22.8% of the residents as the second largest ethnic group of Kaiser Permanente's service area in Riverside. This group is expected to dominate much of the growth that is expected in Riverside County. African-Americans comprise 5.0% of the total

population of Kaiser Permanente of Riverside's service area. American Indians and Asian/Pacific Islanders represent 0.7% and 3.8% of the area respectively.

Median Family Income

Riverside County's median family income in 1990 was \$37,694. This figure represents 92% of California States' average. It is estimated that 13% of the population in Riverside County is in poverty, although figures vary among age groups, ethnic groups, and geographic areas. In 1993, over 13% of Riverside County's population received Aid to Families with Dependent Children, food stamps, or Medi-Cal benefits. This number represents benefits to one in nine Riverside County residents.

Health Indicators

The following presents health indicators for the County of Riverside as a whole. Based on a comparison between Riverside County and seven of the eight other most populous counties of the state of California, Riverside county ranked high in the following health related areas between 1991 and 1993.

Accidental Death

Riverside County ranked highest in the incidence of accidental death compared to the other seven most populous counties in California. Deaths due to motor vehicle accidents were included in this category. The age-adjusted death rate for the period between 1991 and 1993 indicated Riverside County's death rate due to motor vehicle accidents at a ratio of 19.2 out of 100,000 persons. This figure was higher than the state figure which indicated a death rate for motor vehicle accidents at 14.2 out of 100,000 persons.

Measles

The County of Riverside also ranked highest for the incidence of measles. Between 1991 and 1993, the figure for the incidence of measles in Riverside County was a ratio of 6.3 out of 100,000 persons. This figure was also high in comparison to the state ratio of 2.3 out of every 100,000. However, it should be noted that the ratio of measles in Riverside between 1991 and 1993 included the incidence of measles in the jails in 1991 (142 cases). In the year 1993 only three incidences of measles were reported, and in 1995

14 incidences were reported between the months of January and September.

Late Pre-natal Care

Late pre-natal care also ranked highest when compared to seven of the eight most populous counties in the state of California. In 1993, 26.9% of live births in Riverside County received no pre-natal care visits or no pre-natal care visits until after the first trimester of pregnancy. This figure was higher than the state percentage of late pre-natal care which was 24.7%. Although Kaiser Permanente's service area showed a lower rate of 23.7%, there was more than a 100% increase in the incidence of late pre-natal care between 1990 and 1993. In 1990 the percentage of live births with late pre-natal care was 11.4%.

Work Related Deaths and Infant Mortality

The County of Riverside ranked second highest in the incidence of work related deaths in comparison to the seven other most populous counties in California. Infant mortality also ranked second highest.

Infant mortality rates varied among the ethnic groups in Riverside. African-Americans represented the group with the highest infant mortality rate with a ratio of 16.7 out of 1,000 persons in Riverside County and 15.7 out of 1,000 persons in the state of California. The "Year 2000 National Objective" for infant mortality for this group is 11.0 out of 1,000.

The rate of infant mortality for the Hispanic population in Riverside County was 8.4 out of 1,000 persons and in the state is 6.9 out of 1,000. In Riverside the infant mortality for Whites was 8.0 out of 1,000 persons; the state ratio was 6.7 out of 1,000.

Deaths from Heart Disease and Births to Teenagers

The County of Riverside ranked third highest for the incidence of death from heart disease. Riverside had a ratio of 116.9 deaths due to heart disease out of 100,000 persons. California's ratio was lower at 106.5 out of 100,000 persons.

Riverside is also ranked third highest in the incidence of births to teenagers. In 1993, a total of 14% (3,444) of all live births in the Riverside County were to women under

the age of 20 years. The state figure for births to teenage mothers was 9%. In Kaiser Permanente's service area, 12.7% of all live births were to teenagers. This is a slight increase from the 1990 percentage of 12.6%. Of the 2167 births to teenage mothers in Kaiser Permanente's service area in 1993, 40% were to mothers 17 years of age and under.

The incidence of births to teenage mothers varied among ethnic groups. Fifty-eight percent of the 3,444 births to teenagers in Riverside were to Hispanic mothers, 32% were to White mothers, 7% were to African-American mothers, 2% were to Asian/Pacific Islander mothers, and 1% were to American Indians mothers.

AIDS

Riverside County ranked fourth highest among the other most populous counties. In addition, Riverside County had the sixth largest AIDS population in the State of California. Between the years 1991 and 1993, the incidence of AIDS cases was calculated at 29.7 out of 100,000 persons. This figure was higher than that of the state which was calculated at 36.7 out of 100,00. The "Year 2000 National Objective" for AIDS cases is 39.2 out of 100,000 persons.

In 1994, 592 reported cases of AIDS were reported by the Riverside County Health Services Agency. This figure was down 17% from the 711 cases that were reported in 1993.

Deaths from Lung Cancer

The County of Riverside also ranked fourth in the incidence of death due to lung cancer. Riverside County's age adjusted death rate due to lung cancer between 1991 and 1993 was 35.3 out of 100,000 persons. California State's rate of death to lung cancer was lower at a ratio of 33.6 out of 100,000. However, Riverside County's ratio was lower for deaths due to tuberculosis than California as a whole. The county ratio was 9.1 out of 100,000 persons; the state ratio was 16.9 out of 100,000. In addition, Riverside has lower rates than the state average for deaths due to all cancers.

Homicide and Suicide

Riverside County ranked fourth for the incidence of homicide and suicide as compared to the other seven most populous counties in California. The ratio of death due to homicide in 1991 to 1993 was 13.1 out of 100,000 persons for

Riverside. California State's ratio for homicide was 13.7 out of 100,000.

The ratio of suicide in Riverside was 12.0 out of 100,000 persons; the ratio was 11.2 out of 100,000 for the state. In Riverside County the ratio of drug-related deaths was 6.4 out of 100,000 persons, a lower ratio than the 7.4 out of 100,000 for California as a whole.

Health Care Providers

There are 12 General Acute Care Hospitals within Kaiser Permanente of Riverside's service area. In addition, there are 30 licensed Home Health Agencies. The County of Riverside as a whole has 52 Long Term Care Facilities, eight Primary Care Community Clinics, and 21 additional specialty clinics. In 1993, the ratio of persons to physician was calculated at 713 persons per physician.

Research Method

Purpose of the Study

United Way of the Inland Valleys, in collaboration with Kaiser Permanente of Riverside, conducted a community based needs assessment to discover the types of health and human service needs which are most needed in Riverside County. The report is being used to identify priority health and human service needs, vulnerable populations, and barriers to accessing services.

United Way of the Inland Valleys is using the information to set funding priorities. United Way's Resource Distribution and Planning Committee is using portions of this information to make recommendations to the United Way Board of Directors for the appropriate allocation of resources. Similarly, Kaiser Permanente of Riverside is using the information regarding health issues to stimulate a Community Benefit Plan. The Community Benefit Plan is aimed at improving the community's health status, addressing the needs of its vulnerable

populations, and containing the growth of community health care costs.

This report presents a portion of the information gathered during the course of the overall community needs assessment. It includes a report of the unmet health needs of the service area of Kaiser Permanente of Riverside, the populations which are most adversely affected by these needs, and the barriers which prevent individuals from getting their health needs met. Finally, implications of the findings for social work in this community will be discussed.

Research Question

This needs assessment project was an exploratory study with a positivist orientation. The information gathered addresses the unmet health needs of Kaiser Permanente of Riverside's service area, the populations which are most affected by these needs, and the barriers which prevent individuals from getting their health needs met.

Research Design

The overall needs assessment project adopted a positivist, exploratory design. The information presented in this report was gathered through a data collection method that involved the telephone surveying of individuals who were considered to be knowledgeable about the health of the communities served by Kaiser Permanente of Riverside. These "Key Resource People," or key informants, were surveyed to assess the health needs of this community.

This needs assessment is the initial tier of program planning in the five tier process of program evaluation as suggested by Heather B. Weiss and Francine Jacobs (Weiss & Jacobs, 1988). The research design of this project was developed to determine the needs of the community of Kaiser Permanente of Riverside's service area in order to direct the allocation of funding resources for program development.

Sample Selection

Purposive or judgmental nonprobability sampling was used in this study. Key Resource People were identified and recommended to participate in the survey by a Needs Assessment and Planning Committee that was organized by United Way of the Inland Valleys. These Key Resource People were chosen because it was determined that they possessed special knowledge of the unmet health and human service needs in Riverside County.

An attempt was made to have the study include respondents who represented various fields of expertise (e.g. health, education, social services, etc.), various communities of Riverside County, various ethnic or racial groups, and various gender and age groups. However, the intent of the study was not to generalize the findings to populations or settings beyond the conditions of the study, but to obtain information about the health of this particular community.

A total of 134 Key Resource People were identified across a variety of demographics to

represent the communities of Riverside County. A total of seventy-two Key Resource People participated in the survey. The following will describe some of the demographic information about these respondents including their fields of expertise, the communities of Riverside County that they "know best," their ethnicity or race, and their gender and age.

Field of Expertise

The Key Resource People represented numerous fields of expertise. Some of the areas of expertise were in the field of health and health care specifically. However, many of the respondents were experts in other fields including mental health and substance abuse, social work, counseling, education and academia, social services, business and marketing, political science, government, public administration, research, community organizing and community development, housing, poverty, the environment, parks and recreation, children and

youth, the elderly, the mentally retarded, and many other fields of expertise.

Community

The respondents also represented the various communities of Kaiser Permanente of Riverside's service area including Metro Riverside (41 respondents); Hemet, San Jacinto (9 respondents); Temecula, Murrieta (9 respondents); Corona, Norco (7 respondents); Perris (5 respondents); Canyon Lake, Lake Elsinore, Wildomar (the Tri-Communities) (4 respondents); and Moreno Valley, March Air Force Base (2 respondents). In addition, some respondents indicated that they were knowledgeable about the County of Riverside overall (4 respondents).

These values are representative of the open-ended nature of the question regarding the community representation of the respondents. Respondents were asked which community they "know best;" therefore, some respondents provided more than one community for a total of 81 responses from 72 respondents.

Ethnicity/Race

The respondents represented a diversity of ethnic or racial groups. Forty-eight respondents indicated that they were Non-Hispanic White. This number includes the respondents who indicated that they were non-Hispanic white and those that indicated the "other" category but then specified a non-Hispanic white ethnicity (e.g. Irish). Eighteen respondents indicated that they were Hispanic. There were four African-American/Black respondents and two Asian-American/Pacific Islanders. No Native American Indian's responded to the survey.

Age and Gender

The respondents also represented diversity in adult age groups and gender. There were six respondents over 65 years. Twenty-one respondents were ages 51 to 65 years. Thirty-nine respondents were between 36 and 50 years of age. Six respondents were ages 20 to 35 years. There were no responses from individuals under 20 years of age.

In addition, there was an almost even representation of male and female respondents. There were 38 responses from female respondents. Thirty-four males responded to the survey.

Data Collection Procedures and Instruments

An invitational letter (Appendix A) and survey sample questions (Appendix B) were sent to those individuals who were identified as Key Resource People. The invitational letter included the informed consent information that is required to protect human subjects. It identified the researchers, explained the nature and purpose of the study and the research method, informed them of the duration of their research participation, described the confidential nature of the study, informed them of the benefits of the study, explained the voluntary nature of their participation, and provided them with the names and phone numbers of two individuals to contact with any questions about the survey itself or the needs assessment process (Appendix A).

A set of survey questions was also included in the pre-survey mailing. These questions provided potential respondents with an opportunity to review the basic scope of the survey questions prior to accepting the invitation to participate in the study (Appendix B).

Follow-up telephone calls were also made to potential respondents by trained volunteers and United Way staff according to a "follow-up phone call script." Information similar to that which was included in the invitational letter regarding the protection of human subjects was provided to potential respondents during the course of the follow-up telephone calls. At that time potential respondents were given an opportunity to give informed consent to participate in the telephone survey and interview times were scheduled with those who consented to participate (Appendix C).

Information regarding the protection of human subjects was also provided to respondents at the time of the telephone survey itself to allow for further participant consent (Appendix D). A total

of seventy-two telephone surveys of Key Resource People were made by trained volunteers and United Way staff (including the Needs Assessment Project staff of United Way of the Inland Valleys and two other staff members at two other United Ways).

The surveys took, on average, approximately forty-five minutes to an hour. Interviewers asked a total of five open-ended questions regarding health issues and two regarding human service issues other than health in accordance to the "Key Resource survey script." Some of these questions included sub-questions. In addition, demographic data for each of the respondents was also gathered (Appendix D). Respondents were sent a debriefing letter following this process along with a copy of the executive summary of the United Way and Kaiser Permanente project (Appendix E).

Data Analysis

The data collected in the Key Resource telephone survey provided qualitative data. Responses to the survey questions were, therefore, analyzed according

to a form of content analysis which classified the responses based on the latent content or meaning of the raw data. This procedure included the conceptualizing and categorizing of the data in order to discover and label the various phenomena represented.

A coding sheet was initially developed (by United Way of Los Angeles' research staff who were also participating in needs assessments for other Kaiser Permanente Hospitals) based on the categories of phenomena that were discovered in the preliminary telephone interview surveys which were made by United Way of the Inland Valleys' staff, trained volunteers, and the project staff at other United Ways (who were also conducting needs assessments for Kaiser Permanente Hospitals) (Appendix F).

The responses to the telephone survey were coded by the Needs Assessment Project Staff of United Way of the Inland Valleys onto the coding sheet which had been developed (Appendix F). The coded data was then entered into a data analysis computer program. The computer analysis of the data allowed for a

quantitative presentation of the data, including the frequency distributions for each of the categorical responses.

It was determined by the United Way of Los Angeles' research team that this procedure would best meet the pragmatic needs of the Kaiser Permanente's community needs assessment project. This procedure would allow for the greatest consistency among the projects submitted to Kaiser Permanente by the various United Way research teams. In addition, it was determined that this process would result in quantitative analysis of the data (e.g. frequency distributions) which could be used more effectively by agency administrators.

This coding process required some interpretation of the meaning or latent content of the responses. Although this approach to analysis offers an opportunity to discover more depth of understanding and increasing validity, the process is at risk in the reliability of the findings and allows for possible misunderstanding or researcher bias.

This risk to the reliability of the findings was addressed by the research staff in the following ways: First, the coding system was developed prior to the final coding of responses based on the types of responses that were being provided by the respondents. Secondly, the Needs Assessment Project Staff of United Way of the Inland Valleys coded the surveys in the presence of one another in order to allow for consults (Appendix F).

However, it was found that the use of the coding sheet did not allow the researchers to access the full extent and value of the survey responses. In addition, the process of analyzing qualitative data with quantitative analysis does not follow textbook research and misrepresents the integrity of the qualitative data. The initial use of open coding would have been a more appropriate procedure to use to analyze the qualitative data of this study in order to more thoroughly "uncover and understand... the intricate details of [the] phenomena" represented (Strauss & Corbin, 1990, p. 19).

Therefore, although the results presented in this report includes those obtained from the data analysis procedures previously described, additionally this report presents results obtained from further qualitative analysis of some of the surveys. In some cases, follow-up open coding procedures were conducted to collect additional and more specific information from the Key Resource surveys.

Results

This report presents the information obtained from the data analysis of some of the open coded survey responses to the telephone survey. It includes the survey responses to question one regarding unmet health needs (including a sub-category regarding vulnerable populations), and question two regarding barriers that prevent people from getting their health needs met.

Unmet Health Needs

Respondents were asked to think about the health of their community over the next five years and to report on what they thought would be the community's unmet health needs. The following includes a summary of their responses.

Basic Health Care or Primary Care

Basic health care or primary care was the most frequently addressed concern of the Key Resource People surveyed. Almost all of the responses that mentioned a need for basic health care or primary care made reference to preventative and wellness or maintenance care over acute care. Respondents also specifically mentioned issues related to the cost and accessibility of general health care services including preventive care.

Some additional needs mentioned by the respondents which are related but were mentioned less often than basic health care or primary care were the need for additional health care facilities, the need for emergency services or trauma care specifically, and on at least one occasion, the need for in-home health care and/or habilitation.

Additionally, the Key Resource People expressed concern for the following issues: the quality of health care services including customer satisfaction, courtesy, and/or cultural sensitivity; issues of oral health; and on at least one occasion, chronic health conditions.

Specifically, the issue of the lack of health insurance surfaced as a category of concern for respondents a number of times. The concern of the respondents was in regards to the high cost of health insurance and for those who are uninsured or underinsured. A concern for the lack of employer-based insurance specifically was mentioned as an area of concern on at least one occasion.

Maternal Health

Maternal health issues were mentioned numerous times as an area of need by the respondents. This area of concern included issues such as teen pregnancy prevention, the adequacy of prenatal care, and general family planning. Specifically, respondents mentioned a high concern for a lack of adequate prenatal care and for high teen pregnancy rates. Some of the Key Resource People also expressed some additional concern for general family planning.

Health Promotion, Education, and Prevention

Health promotion, education, and prevention was also mentioned often in the surveys. Many of these responses addressed the need for the dissemination of health information, with particular mention of education regarding prevention. In addition, affordable preventative treatment and health care maintenance were often cited as unmet needs. These responses included mention of the need for inoculations or vaccinations.

Although mentioned less frequently, child health, specifically including the need for immunizations, was also mentioned. Additionally, HIV and AIDS and other communicable diseases were mentioned as areas which need to be addressed. Other concerns expressed less frequently by the respondents were substance abuse, and on at least one occasion, nutrition and fitness. Concern for family values and the values of the community were also expressed by Key Resource People in at least one case.

Knowledge and awareness was also mentioned specifically by the Key Resource People as a need. The responses

included an address of the need for general education and information and knowledge regarding health and wellness.

Service Availability

Service availability as a need, included the lack of services which were not otherwise specified by the categories of health promotion, education and prevention; basic health care or primary care; in-home health care or habitation; immunizations; women's health; gerontology or long term care; emergency services or trauma care; and transportation for medical care. These categories of need were mentioned a number of times by the Key Resource respondents.

On many of these occasions a need for additional clinics and basic health care services for low income individuals, the indigent, and those without medical benefits was mentioned. Some of the other responses regarding service availability expressed a concern over decreased government support for health care. Transportation to medical care services was also mentioned by respondents as a need, although less often.

Gerontology or Long Term Care for the Elderly

Gerontology or long term care for the elderly was mentioned a number of times in the survey responses. These responses addressed the need for community based programs and for services to provide a continuity of care for the elderly by providing inpatient and outpatient services including long-term care, transitional care, and home care services, as well as day care and respite care. Although mentioned less frequently, geriatric health was also mentioned specifically as an area of need.

Mental Health

Mental health issues were addressed by the Key Resource People in a number of circumstances. Many of these responses indicated a need for accessible community services to address the mental health needs of the mentally ill, children, and victims of abuse. Community education regarding mental illness was also cited specifically as need by respondents.

Vulnerable Populations

In addition to being asked to indicate their opinion regarding their community's unmet needs, respondents were asked to identify which populations they thought would be adversely affected by these unmet needs. The following will summarize their responses.

Low Socioeconomic Status

Low socioeconomic status was expressed as an indicator of vulnerability by the Key Resource People. Poor and low income individuals were mentioned most often as those who will be adversely affected by the unmet needs of the community. The poor and those with low income were mentioned as a vulnerable group in most of the responses. Additionally, the unemployed and under-employed, Medi-Cal recipients, and the homeless and "pre-homeless" were mentioned as vulnerable groups, although less frequently.

The Elderly, Children, Youth, Families, Women

The elderly, children, youth, families, and women were mentioned as vulnerable populations by the respondents. Respondents suggested that the elderly were a vulnerable

group with high frequency in the surveys. Infants and children were also suggested as a vulnerable group almost as many times. In addition, teenagers or adolescents were suggested as vulnerable on many occasions. Families were also mentioned, although not as frequently. In at least one instance, a respondent specified single-parent families as vulnerable. Women, when respondents specified gender, were mentioned specifically as a vulnerable group more often than men.

The General Population and the Uninsured

The general population was cited by the Key Resource People as a group that would be adversely affected by the unmet health needs of the community. This group was mentioned often as a vulnerable population.

The uninsured were specified as a vulnerable population by the respondents. This population was mentioned as a vulnerable group in many of the survey responses. The Hispanic population was also mentioned frequently by the respondents. This was the only ethnic or racial population that was specifically mentioned except for at least one reference to Asian/Pacific Islanders. However, the

respondents also mentioned the broad categories of immigrants and undocumented persons. Additionally, in at least one instance the category "minorities" was mentioned.

Some other populations were specifically mentioned although less frequently. Middle income persons were mentioned as a vulnerable group on some occasions. In addition, groups which were mentioned as vulnerable on at least one occasion which have not been mentioned previously were the medically indigent, AIDS victims, victims of abuse and battery, the mentally and/or physically "disabled," and the blind and or deaf. Other groups mentioned on at least one occasion were the under-educated, criminals, single persons, gays and lesbians, adults, religious groups, and "paying citizens."

Barriers to Meeting Needs

Respondents were also asked to identify what barriers prevent people from meeting their unmet health needs. The following will summarize the responses the Key Resource People made regarding barriers that prevent people from getting their health needs met.

A Lack of Accessible Services

Geographic proximity to consumers and/or transportation accessibility were proposed most frequently by the respondents as barriers that prevent individuals from getting their health needs met.

A lack of services was also referred to as a barrier a number of times. Many of these references referred to a general lack of affordable and accessible services. Some of the respondents addressed the "user un-friendliness" of services, others specified their concerns for the barriers caused by the cultural insensitivity of services or long waits and scheduling difficulties. The lack of timely service was also suggested specifically as a barrier but on fewer occasions. This included issues such as waiting for appointments, waiting room time, and/or queues. In addition, sensory barriers including a lack of appropriate services for blind, deaf, and/or handicapped persons were also mentioned as barriers to health care access on at least one occasion.

Similarly, language was suggested to be a barrier in many of the responses. This included the barrier of a lack of multi-lingual services. Issues of culture and/or beliefs

were also mentioned as barriers by the Key Resource People, although less frequently. These responses expressed concern for the cultural sensitivity of the services and/or service providers, and/or for cultural beliefs and/or attitudes. Provider responsiveness, which may have included issues related to the courtesy and/or the respect of providers, was also mentioned by the Key Resource People.

Low Income and the Lack of Health Insurance

Income issues including issues of poverty, low income, and/or homelessness were also proposed as barriers numerous times by the Key Resource People. Although mentioned less frequently, the barrier of the financing and/or affordability of the health system, including any mention of the instability of the public sector system of health care, was mentioned on some occasions by respondents. Barriers associated with issues of employment such as the barrier of unemployment and/or no employer based insurance were also suggested.

Health insurance, as a barrier, was specifically mentioned a number of times by the Key Resource People. This category of barriers included references to a complete

lack of coverage, limited coverage, the lack of job-based insurance, and/or the cost of health insurance overall.

A Lack of Knowledge/Awareness of Resources and Education

Knowledge and awareness of resources, including a lack of health education and/or a deficit in the awareness of services was suggested as a barrier to meeting the health care needs of the community a number of times in the surveys. General education issues, including issues regarding literacy, ignorance, and/or a lack of comprehension were also mentioned on a number of occasions.

Respondents also expressed, although less often, a concern for consumer barriers such as apathy, noncompliance, and/or an unwillingness to pay for insurance. The lack of responsible health practices was also mentioned as a barrier. A concern for the lack of policy commitment to public sector services and/or fear of Proposition 187 was also mentioned. The lack of commitment to health promotion policy was also suggested as a barrier on at least one occasion.

Discussion

The Community's Health and Wellness

The results of this study demonstrate that there is a concern for preserving and improving the health of Riverside County (Porterfield, 1966). In addition, it is evident that consideration is being given not only to illness, but to health and wellness in the community (Barefoot & Cunningham, 1977; Dunn, 1973; Golann & Eisdorfer, 1972).

Implications of the Community Needs Assessment

This needs assessments was conducted in order to formulate appropriate interventions in the community (Tripodi, 1983). It will be used to identify needs and gaps in services and service delivery, to set priorities, and to guide the program planning and development (Rubin & Babbie, 1993; Wiess & Jacobs, 1988; Markson & Allen, 1976).

The survey discovered the unmet needs in some of the communities of Riverside County, discovered which populations are most adversely affected by these unmet needs, and determined what barriers hinder individuals from getting their health needs met.

These issues must be addressed and interventions must be made by the collaborative efforts of local government, community leaders, health care and human service professionals, businesses, churches, and the residents of Riverside County overall. On a broader scale, the contributions at the state, national, and international level are also needed to address the areas of unmet need, the populations who are vulnerable to these needs, and the barriers that prevent people from getting their health needs met as identified by this study.

Unmet Health Needs

The concern that was expressed for the need for basic health care or primary care, including preventative care, indicates an urgency to address the health and wellness issues of Riverside County. Attention should be directed at the affordability and accessibility of these services and health care insurance.

In addition, health promotion, education, and prevention must be addressed. This should include an address of the issues of immunization, prenatal care, and teen pregnancy. The study also indicated the need for

attention to be directed at issues of health care for the elderly. Accessible mental health services also require attention. Particular recognition must be made to the mental health needs of the mentally ill, children, and victims of abuse.

Vulnerable Populations

The study indicates a need for attention to be focused on meeting the health care needs of specific vulnerable populations. Poor and low income groups require priority status in the address of health care needs; the uninsured must also be recognized in this address. The elderly, children and youth, women, families, and the Hispanic population in Riverside should also be considered as groups requiring particular attention. However, the general population of the various communities of Riverside is also at risk and should be considered in the attempt to meet the unmet health needs of the community.

Barriers to Meeting Needs

The barriers identified by the Key Resource People also indicate areas to be targeted in the attempt to meet the

health and wellness needs of Riverside County. Health services must be made accessible; therefore, the geographic proximity, affordability, and the "use-ability" of these services must be addressed. Attention should also be made to issues related to low incomes and the lack of health insurance coverage. The lack of knowledge and awareness of available resources should also be considered along with educational issues in general.

Implications for Social Work in the Community

Social work has been defined as "the professional activity of helping individuals, groups, or communities to enhance or restore their capacity for social functioning and to create societal conditions favorable to their goals" (Zastrow, 1992, p. 6). The health needs identified by the Key Resource People surveyed in this study must be considered by social work professionals to fulfill this goal. These issues of health and wellness can be addressed by social workers at many levels of intervention as social workers fulfill their unique role "between the client and community," as described by Bertha Reynolds, a pioneer of social work (Zastrow, 1992, p. 223).

First, a social worker can intervene at the micro level of social work practice in his or her work with individuals in this community one-on-one. A social worker in this capacity can function in the role of enabler to assist the residents of Riverside County to identify, clarify, and articulate these health and wellness needs. In addition, a social worker can empower these individuals with problem-solving skills to assist them in overcoming the barriers that were identified in this study as barriers that prevent people from getting their needs met (Zastrow, 1992; Kirst-Ashman & Hull, 1993).

At this level a social worker may also act as broker to link individuals in the community to needed services or as an advocate to advocate on behalf of their health needs. It is likely that a social worker might need to function in the roles of broker and advocate for the populations that were identified in this study as at risk of not having their health and wellness needs met (Zastrow, 1992; Kirst-Ashman & Hull, 1993).

A social worker can also intervene at the mezzo level of practice by working with the families and other small groups in Riverside to insure their health and wellness. At

this level a social worker may work as a community organizer to organize and assist community task groups to address the health and wellness issues and barriers that were discovered in this study (Zastrow, 1992; Kirst-Ashman & Hull, 1993).

At the macro level of social work practice a social worker can work with the community; the organizations in the community; and with social policy at the local, state, national, and international to address Riverside County's health and wellness issues on a larger scale (Zastrow, 1992; Kirst-Ashman & Hull, 1993). In this capacity a social worker may participate in community organization to further assess the needs of this community and to develop and mobilize resources to meet needs (Tripodi, 1983; McMillen, 1945).

At the macro level of social work practice a social worker might function in the role of advocate or activist for institutional change on behalf of the health and wellness concerns that were identified in this community. Advocacy and activism may especially be necessary on behalf of those populations that were considered to be most vulnerable to these unmet needs (Zastrow, 1992; Kirst-Ashman & Hull, 1993).

Conclusion

This community needs assessment explored the health needs of some of the communities of Riverside County, discovered which populations are most adversely affected by these unmet needs, and determined what barriers hinder individuals from getting their health needs met. The study was conducted by United Way of the Inland Valleys, in cooperation with Kaiser Permanente of Riverside, as part of their community based needs assessment.

United Way of the Inland Valleys is using the information obtained from the broader needs assessment to set funding priorities. United Way's Resource Distribution and Planning Committee has made recommendations to the United Way Board of Directors for the appropriate allocation of resources based on the findings of the study.

Similarly, Kaiser Permanente of Riverside is using the information to stimulate a Community Benefit Plan. Kaiser Permanente's Community Benefit Plan is aimed at improving the community's health status, addressing the needs of its vulnerable populations, and containing the growth of community health care costs.

APPENDIX A: Invitational Letter



UNITED WAY OF THE INLAND VALLEYS
6215 RIVER CREST DRIVE, SUITE B, RIVERSIDE, CALIFORNIA 92507 (909) 697-4700 FAX (909) 655-8210

August 1, 1995

Dear,

The United Way of the Inland Valleys, in cooperation with the Kaiser Permanente of Riverside, is conducting a community based needs assessment to determine the types of health and human services which are most needed in Riverside County. As part of this project, a survey is being conducted of individuals who are seen as key resources for community information. The Needs Assessment and Planning Committee has recommended you as a key resource.

I hope you will accept our invitation to participate in a twenty minute, confidential telephone survey. An advanced copy of the survey is provided for your review. A United Way representative will be calling to set up an interview time that is most convenient for you. The interviews will be conducted between August 14 and August 25.

I thank you for participating in this important project. Your time and your knowledge can contribute toward better addressing the unmet needs of our communities.

If you have any question about the survey or about the needs assessment process, please feel free to call Melissa Bernstrom or Jennifer VanArsdall at the United Way at 697-4716. In addition, we will be happy to share the results of the assessment with you. Thank you for your time and assistance.

Sincerely,

Maurice Hodgen
Chair, Needs Assessment and Planning Committee

2 Enclosures:
Survey Form

APPENDIX B: Sample Questions

Kaiser Permanente Riverside — United Way of the Inland Valleys COMMUNITY HEALTH NEEDS ASSESSMENT — 1995

Our goal is to improve
the community's health and well-being.

What are future health needs
of our community?

We need your help!

COMMUNITY HEALTH NEEDS ASSESSMENT — 1995

Directions:



Below are several questions about your opinions of unmet community health needs. An interviewer will contact you for a brief telephone interview. In the meantime, please think about your responses to these questions. Feel free to record your opinions on this survey. Thank you.

1. Think about the health of this community over the next five years. In your opinion, what will be the community's unmet health needs and which populations will be adversely affected?

Needs

Populations

2. What barriers prevent people from meeting their unmet health needs?

APPENDIX C: Follow-up Phone Call Script

Label with: Name of Interviewee
 Title
 Organization
 Address
 Phone #
 FAX #

Date of Interview: August __, 1995

Time: _____

Date:

Time:

Initials:

Invitation Sent:

Called to Schedule:

Called to Schedule:

Called to Schedule:

Called to Schedule:

Date of Interview:

If rescheduled:

If rescheduled:

Label Verified:

Interviewer Notified:

FAX Sent:

Interview Conducted:

Start: _____

End: _____

Interview Coded:

Interview Entered:

FOLLOW-UP PHONE CALL SCRIPT
TO SCHEDULE KEY RESOURCE PHONE INTERVIEW

- I. "HELLO, THIS IS _____ AND I AM CALLING FROM UNITED WAY (OF THE INLAND VALLEYS)".

"MAY I PLEASE SPEAK WITH MR./MS./DR. _____."

(Note: you may be calling some respondents at home)

- II. IF YOU REACH THE SECRETARY WHO ASKS THE REASON FOR YOUR CALL:

"United Way, in cooperation with Kaiser Permanente, is conducting a community needs assessment.

We are seeking the expertise and knowledge of community leaders regarding the health and human service needs of Riverside County.

I am calling to ask Mr./Ms./Dr. _____ if I could schedule a telephone interview with him/her."

- * IF THE PERSON IS UNAVAILABLE, LEAVE THE FOLLOWING MESSAGE WITH THE SECRETARY:

"This is _____ from United Way (of the Inland Valleys).

Please have Mr./Ms./Dr. _____ phone me at _____"

When would be the best time for me to reach him/her?...

Thank you. Have a good day. Goodbye.

- III. IF YOU ARE LEAVING A MESSAGE ON ANSWERING MACHINE OR VOICE MAIL:

"This is _____. I am calling from the United Way (of the Inland Valleys).

United Way, in cooperation with Kaiser Permanente, is conducting a community needs assessment, and I would like to schedule a telephone interview with you regarding your opinion on the health and human...

...service needs of your community

Please call me at the United Way (of the Inland Valleys) at _____ and ask for _____.

I will try to reach you again later.

Thank you. I am looking forward to speaking with you."

IV. WHEN TALKING TO THE KEY RESOURCE INDIVIDUAL:

"Hello. This is _____. I am calling from the United Way (of the Inland Valleys).

We sent a letter to you this past week inviting you to participate in a community needs assessment. Have you received the letter?

A. IF YES: RECEIVED LETTER

"Great. May I set up a date and time for a phone interview with you then?

The survey will take approximately 45 minutes of your time.

1. IF YES: DOES WANT TO PARTICIPATE

Great, would _____ (Day), _____ (Date), at _____ (Time) be a good time for you?

a. IF NO: NOT A GOOD TIME, ASK:

"What would be a more appropriate time for you?...

b. CONFIRM INTERVIEW TIME

We will be calling you on _____ (date)

at _____ (time) to conduct the interview.

If there is a need to reschedule please call me at _____.

Thank you. I look forward to speaking with you. Have a good day. Goodbye."

2. IF YES, SPEAK TO MY SECRETARY:

"Thank you. We look forward to speaking with...
you. Have a good day. Goodbye.

(Pause to be transferred)

"This is _____. I am calling from the United Way
(of the Inland Valleys), and I would like to
schedule a telephone interview with Mr./Ms./Dr.
_____.

It will take approximately 45 minutes of his/her
time.

Is he/she available on _____ (Day), _____
(Date), at _____ (time)?

a. IF NO: NOT A GOOD TIME

"What would be a more appropriate time?...

b. CONFIRM INTERVIEW TIME

"Thank you. We will be calling him/her
at _____ (time) on _____ (date)
then.

If there should be a need to reschedule,
please call me at _____. Thank you.
Have good day."

B. IF NO: DID NOT RECEIVE LETTER

"United Way, in cooperation with Kaiser Permanente, is
conducting a community needs assessment, and we are seeking
the knowledge and expertise of community leaders regarding
the health and human service needs of Riverside County.

Our Needs Assessment and Planning Committee has recommended
you as such a resource.

We would like to invite you to
participate in a telephone interview to share your opinions
on the needs of your community.

May I fax you a copy of the letter and survey
questions?

1. IF YES: OK TO FAX

May I have your fax number? _____

And may I also verify some other information? Is it
true that your... (NAME, ADDRESS, ETC. ON ID...

...LABEL)...

Thank you. I will send the Fax immediately.

May I call you tomorrow to schedule an interview at your convenience?

"When would be a good time to call?

CONFIRM TIME OF CALL:

I will call you at _____ (time) tomorrow.

Thank you for your time.

I look forward to talking with you.

Have a good day. Goodbye."

2. IF NO FAX:

"May I mail them to you and phone you in 3 to 4 days to schedule an interview?

"When would be a good time for me to call?...

CONFIRM FOLLOW-UP CALL AND OTHER INFORMATION:

"I will call you on _____ (date) at _____ (time).

"May I confirm your mailing address and other information with you? (CONFIRM ID LABEL INFORMATION)

Thank you for your time. We look forward to speaking
Have a good day. Goodbye."

V. IF AT ANYTIME THE INDIVIDUAL EXPRESSES THAT THEY DO NOT WANT TO PARTICIPATE IN THE INTERVIEW PROCESS:

"Thank you for your time.

I appreciate you talking with me today.

Thank you and have a good day."

(INDICATE THIS ON TRACKING SHEET)

VI. IF AT ANYTIME THE INDIVIDUAL INDICATES THAT THEY WISH TO DO THE INTERVIEW NOW:

"That is fine, let us begin the survey..."

GO TO SURVEY INTRODUCTION AND BEGIN THE INTERVIEW...

"As you know, United Way, in cooperation with
Kaiser..."

APPENDIX D: Interview Script

Key informant # _____

Name of interviewer _____

KEY RESOURCE INTERVIEW
COMMUNITY NEEDS ASSESSMENT SURVEY
1995

Date of Interview: _____

Time Start: _____

Time Stop: _____

Hello, Mr./Ms./Dr. _____. This is _____ and I am calling from United Way (of the Inland Valleys).

As you know, United Way, in cooperation with Kaiser Permanente of Riverside, is conducting a Community Needs Assessment.

The information from this survey will be used by Kaiser to develop a community benefit plan, and by United Way to set funding priorities that best address the needs of the community.

There will be seven main questions to this interview and it will take approximately 45 minutes of your time. Your responses will be confidential, and the results of the interviews will be combined with others in the final reports. If we wish to use an anecdote, story, or quote you offer, we will contact you to ask for your permission.

Do you have any questions before we continue?

let us begin with the survey.

Key Informant # _____

Name of Interviewer _____

1. Think about the health of this community over the next five years. In your opinion, what will be the community's unmet health needs and which populations will be adversely affected?

PROBE FOR POPULATIONS THAT ARE AFFECTED (e.g. CHILDREN, ELDERLY, ETHNIC GROUPS, IMMIGRANTS, HOMELESS, PHYSICALLY CHALLENGED, LOW-INCOME, UNINSURED) WITH EACH UNMET NEED LISTED BY ASKING "AND WHICH POPULATION IS AFFECTED BY THIS?"

PROBE FOR MORE NEEDS, BY ASKING: "IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?"

IF THE RESPONDENT IDENTIFIES MORE THAN ONE NEED, IN ORDER TO RANK THE NEEDS, RE-READ THE LIST OF RESPONSES THAT YOU HAVE RECORDED TO THE RESPONDENT:

Of the needs you have listed: RE-READ LIST (i.e. first you mentioned _____, then _____, then _____ and then _____), which unmet need should be addressed first?

IF THE RESPONDENT HAS LISTED MORE THAN TWO NEEDS ASK:

Which should be addressed second?

Which should be addressed third?

RECORD THE RANK NEXT TO THE NEED IN THE APPROPRIATE COLUMN.

RANK	NEEDS	POPULATION(S)

Name of Interviewer: _____

WHEN RESPONDENT ANSWERS BY GIVING A PHRASE, PROBE BY ASKING
"COULD YOU PLEASE ELABORATE?" OR "PLEASE TELL ME MORE ABOUT ____."

BARRIERS

key inform # _____

Name of Interviewer _____

Thank you very much for your insights. I would now like to ask some information about you:

A. Which community do you know best?

B. What is your area of expertise?

C. Which organization/task forces do you represent?

*. What age range do you fall under:

- | | |
|-------------------|------------------|
| 1. Under 20 years | 4. 51-65 years |
| 2. 20-35 years | 5. Over 65 years |
| 3. 36-50 years | |

D. What is your ethnic/racial identity?

- | | |
|------------------------------------|-----------------------|
| 1. African-American/Black | 4. Latino/Hispanic |
| 2. American Indian | 5. Non Hispanic White |
| 3. Asian-American/Pacific Islander | 6. Other |

E. Would you be interested in receiving a copy of the Needs Assessment Executive Summary?

- | | |
|--------|-------|
| 1. Yes | 2. No |
|--------|-------|

That concludes our survey. On behalf of Kaiser Permanente and United Way, I thank you for your participation.

PLEASE RECORD THE RESPONDENT'S GENDER:

F. Gender

- | | |
|---------|-----------|
| 1. Male | 3. Female |
|---------|-----------|

APPENDIX E: Coding Sheet

DATA ENTRY FORM FOR KEY INFORMANT SURVEY Kaiser Permanente Hospital Needs Assessment

Hospital Service Area

- | | | | |
|---------------------------------------|--|---|---|
| <input type="checkbox"/> Baldwin Park | <input type="checkbox"/> Harbor City | <input type="checkbox"/> Riverside | <input type="checkbox"/> LA County Regional |
| <input type="checkbox"/> Bellflower | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> West Los Angeles | |
| <input type="checkbox"/> Fontana | <input type="checkbox"/> Panorama City | <input type="checkbox"/> Woodland Hills | |

1a-1. Unmet Health Needs 1st Priority

- | | |
|---|---|
| <input type="checkbox"/> Knowledge/Awareness: basic ed, informed decisions, healthful practices
<input type="checkbox"/> Community Values: preventing violence, environmental risks
<input type="checkbox"/> Family Values: promoting responsibility, preventing family neglect/abuse
<input type="checkbox"/> Economic Security: employment, poverty, declining middle class
<input type="checkbox"/> - AIDS/HIV
<input type="checkbox"/> - Cancers: breast, colo-rectal, lung, etc.
<input type="checkbox"/> - Chronic Conditions: heart, diabetes, hypertension, etc.
<input type="checkbox"/> - Communicable Diseases: measles, STD, TB
<input type="checkbox"/> - Injuries: accidents, firearms, homicide, suicide
<input type="checkbox"/> - Maternal health: teen pregnancy prevention, adequacy of prenatal care
<input type="checkbox"/> - Geriatric Health
<input type="checkbox"/> - Nutrition & Fitness
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> - Oral Health: fluoridation
<input type="checkbox"/> - Mental Health: stress, counseling, etc.
<input type="checkbox"/> - Substance Use: alcohol, drug, smoking
<input type="checkbox"/> - Lack of health insurance
<input type="checkbox"/> - Lack of employer-based insurance
<input type="checkbox"/> - Cost of insurance
<input type="checkbox"/> - Range of coverage
<input type="checkbox"/> - Quality: consumer satisfaction, courtesy, cultural sensitivity
<input type="checkbox"/> Service Availability:
<input type="checkbox"/> - Health promotion/education/prevention
<input type="checkbox"/> - Basic health care/primary care
<input type="checkbox"/> - In-home health care/habilitation
<input type="checkbox"/> - Immunizations
<input type="checkbox"/> - Women's health
<input type="checkbox"/> - Gerontology/long term care
<input type="checkbox"/> - Emergency services/trauma care
<input type="checkbox"/> - Transportation for medical care
<input type="checkbox"/> None mentioned |
|---|---|

1b-1. Populations Affected: 1st Priority

- | | | |
|--|---|--|
| <input type="checkbox"/> Infants/Children
<input type="checkbox"/> Teens/Adolescents
<input type="checkbox"/> Elderly
<input type="checkbox"/> Women
<input type="checkbox"/> Men
<input type="checkbox"/> Families
<input type="checkbox"/> Single parent families
<input type="checkbox"/> Blind, deaf
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Mentally/physically disabled
<input type="checkbox"/> Mentally ill
<input type="checkbox"/> Poor/Low Income
<input type="checkbox"/> Middle Income
<input type="checkbox"/> Immigrants
<input type="checkbox"/> Undocumented
<input type="checkbox"/> Non-English speaking | <input type="checkbox"/> African Americans
<input type="checkbox"/> Asian Pacific Islanders
<input type="checkbox"/> American Indians
<input type="checkbox"/> Latinos
<input type="checkbox"/> Minorities
<input type="checkbox"/> General Population
<input type="checkbox"/> Unemployed
<input type="checkbox"/> Under-employed
<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Underinsured
<input type="checkbox"/> Uninsured
<input type="checkbox"/> Chronically ill/uninsurable
<input type="checkbox"/> None mentioned |
|--|---|--|

1a-2. Unmet Health Needs: 2nd Priority

- | | |
|---|---|
| <input type="checkbox"/> Knowledge/Awareness: basic ed, informed decisions, healthful practices | <input type="checkbox"/> Oral Health: fluoridation |
| <input type="checkbox"/> Community Values: preventing violence, environmental risks | <input type="checkbox"/> Mental Health: stress, counseling, etc. |
| <input type="checkbox"/> Family Values: promoting responsibility, preventing family neglect/abuse | <input type="checkbox"/> Substance Use: alcohol, drug, smoking |
| <input type="checkbox"/> Economic Security: employment, poverty, declining middle class | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> - AIDS/HIV | <input type="checkbox"/> Lack of employer-based insurance |
| <input type="checkbox"/> - Cancers: breast, colo-rectal, lung, etc. | <input type="checkbox"/> Cost of insurance |
| <input type="checkbox"/> - Chronic Conditions: heart, diabetes, hypertension, etc. | <input type="checkbox"/> Range of coverage |
| <input type="checkbox"/> - Communicable Diseases: measles, STD, TB | <input type="checkbox"/> Quality: consumer satisfaction, courtesy, cultural sensitivity |
| <input type="checkbox"/> - Injuries: accidents, firearms, homicide, suicide | <input type="checkbox"/> Service Availability: |
| <input type="checkbox"/> - Maternal Health: teen pregnancy prevention, adequacy of prenatal care | <input type="checkbox"/> Health promotion/education/prevention |
| <input type="checkbox"/> - Geriatric Health | <input type="checkbox"/> Basic health care/primary care |
| <input type="checkbox"/> - Nutrition & Fitness | <input type="checkbox"/> In-home health care/habilitation |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Immunizations |
| | <input type="checkbox"/> Women's health |
| | <input type="checkbox"/> Gerontology/long term care |
| | <input type="checkbox"/> Emergency services/trauma care |
| | <input type="checkbox"/> Transportation for medical care |
| | <input type="checkbox"/> None mentioned |
-

1b-2. Populations Affected: 2nd Priority

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Infants/Children | <input type="checkbox"/> Mentally/physically disabled | <input type="checkbox"/> African Americans | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Teens/Adolescents | <input type="checkbox"/> Mentally ill | <input type="checkbox"/> Asian Pacific Islanders | <input type="checkbox"/> Underinsured |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Poor/Low Income | <input type="checkbox"/> American Indians | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Women | <input type="checkbox"/> Middle Income | <input type="checkbox"/> Latinos | <input type="checkbox"/> Chronically ill/uninsurable |
| <input type="checkbox"/> Men | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Minorities | <input type="checkbox"/> None mentioned |
| <input type="checkbox"/> Families | <input type="checkbox"/> Undocumented | <input type="checkbox"/> General Population | |
| <input type="checkbox"/> Single parent families | <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Unemployed | |
| <input type="checkbox"/> Blind/deaf | | <input type="checkbox"/> Under-employed | |
| <input type="checkbox"/> Other: | | | |
-

1a-3. Unmet Health Needs: 3rd Priority

- | | |
|---|---|
| <input type="checkbox"/> Knowledge/Awareness: basic ed, informed decisions, healthful practices | <input type="checkbox"/> Oral Health: fluoridation |
| <input type="checkbox"/> Community Values: preventing violence, environmental risks | <input type="checkbox"/> Mental Health: stress, counseling, etc. |
| <input type="checkbox"/> Family Values: promoting responsibility, preventing family neglect/abuse | <input type="checkbox"/> Substance Use: alcohol, drug, smoking |
| <input type="checkbox"/> Economic Security: employment, poverty, declining middle class | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> - AIDS/HIV | <input type="checkbox"/> Lack of employer-based insurance |
| <input type="checkbox"/> - Cancers: breast, colo-rectal, lung, etc. | <input type="checkbox"/> Cost of insurance |
| <input type="checkbox"/> - Chronic Conditions: heart, diabetes, hypertension, etc. | <input type="checkbox"/> Range of coverage |
| <input type="checkbox"/> - Communicable Diseases: measles, STD, TB | <input type="checkbox"/> Quality: consumer satisfaction, courtesy, cultural sensitivity |
| <input type="checkbox"/> - Injuries: accidents, firearms, homicide, suicide | <input type="checkbox"/> Service Availability: |
| <input type="checkbox"/> - Maternal Health: teen pregnancy prevention, adequacy of prenatal care | <input type="checkbox"/> Health promotion/education/prevention |
| <input type="checkbox"/> - Geriatric Health | <input type="checkbox"/> Basic health care/primary care |
| <input type="checkbox"/> - Nutrition & Fitness | <input type="checkbox"/> In-home health care/habilitation |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Immunizations |
| | <input type="checkbox"/> Women's health |
| | <input type="checkbox"/> Gerontology/long term care |
| | <input type="checkbox"/> Emergency services/trauma care |
| | <input type="checkbox"/> Transportation for medical care |
| | <input type="checkbox"/> None mentioned |

1b-3. Populations Affected: 3rd Priority

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Infants/Children | <input type="checkbox"/> Mentally/physically disabled | <input type="checkbox"/> African Americans | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Teens/Adolescents | <input type="checkbox"/> Mentally ill | <input type="checkbox"/> Asian Pacific Islanders | <input type="checkbox"/> Underinsured |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Poor/Low Income | <input type="checkbox"/> American Indians | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Women | <input type="checkbox"/> Middle Income | <input type="checkbox"/> Latinos | <input type="checkbox"/> Chronically ill/uninsurable |
| <input type="checkbox"/> Men | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Minorities | <input type="checkbox"/> None mentioned |
| <input type="checkbox"/> Families | <input type="checkbox"/> Undocumented | <input type="checkbox"/> General Population | |
| <input type="checkbox"/> Single parent families | <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Unemployed | |
| <input type="checkbox"/> Blind/deaf | | <input type="checkbox"/> Under-employed | |
| <input type="checkbox"/> Other: _____ | | | |

1a-4. Unmet Health Needs: Other than Priorities 1 through 3

- | | |
|---|---|
| <input type="checkbox"/> Knowledge/Awareness: basic ed, informed decisions, healthful practices | <input type="checkbox"/> Oral Health: fluoridation |
| <input type="checkbox"/> Community Values: preventing violence, environmental risks | <input type="checkbox"/> Mental Health: stress, counseling, etc. |
| <input type="checkbox"/> Family Values: promoting responsibility, preventing family neglect/abuse | <input type="checkbox"/> Substance Use: alcohol, drug, smoking |
| <input type="checkbox"/> Economic Security: employment, poverty, declining middle class | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Lack of employer-based insurance |
| <input type="checkbox"/> Cancers: breast, colo-rectal, lung, etc. | <input type="checkbox"/> Cost of insurance |
| <input type="checkbox"/> Chronic Conditions: heart, diabetes, hypertension, etc. | <input type="checkbox"/> Range of coverage |
| <input type="checkbox"/> Communicable Diseases: measles, STD, TB | <input type="checkbox"/> Quality: consumer satisfaction, courtesy, cultural sensitivity |
| <input type="checkbox"/> Injuries: accidents, firearms, homicide, suicide | <input type="checkbox"/> Service Availability: |
| <input type="checkbox"/> Maternal Health: teen pregnancy prevention, adequacy of prenatal care | <input type="checkbox"/> Health promotion/education/prevention |
| <input type="checkbox"/> Geriatric Health | <input type="checkbox"/> Basic health care/primary care |
| <input type="checkbox"/> Nutrition & Fitness | <input type="checkbox"/> In-home health care/habilitation |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Immunizations |
| | <input type="checkbox"/> Women's health |
| | <input type="checkbox"/> Gerontology/long term care |
| | <input type="checkbox"/> Emergency services/trauma care |
| | <input type="checkbox"/> Transportation for medical care |
| | <input type="checkbox"/> None mentioned |
-

1b-4. Populations Affected: Other than Priorities 1 through 3

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Infants/Children | <input type="checkbox"/> Mentally/physically disabled | <input type="checkbox"/> African Americans | <input type="checkbox"/> Medi-Cal |
| <input type="checkbox"/> Teens/Adolescents | <input type="checkbox"/> Mentally ill | <input type="checkbox"/> Asian Pacific Islanders | <input type="checkbox"/> Underinsured |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Poor/Low Income | <input type="checkbox"/> American Indians | <input type="checkbox"/> Uninsured |
| <input type="checkbox"/> Women | <input type="checkbox"/> Middle Income | <input type="checkbox"/> Latinos | <input type="checkbox"/> Chronically ill/uninsurable |
| <input type="checkbox"/> Men | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Minorities | <input type="checkbox"/> None mentioned |
| <input type="checkbox"/> Families | <input type="checkbox"/> Undocumented | <input type="checkbox"/> General Population | |
| <input type="checkbox"/> Single parent families | <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Unemployed | |
| <input type="checkbox"/> Blind/deaf | | <input type="checkbox"/> Under-employed | |
| <input type="checkbox"/> Other: | | | |
-

2. Barriers to Access

- ☐ Education: literacy, ignorance, lack of comprehension
- ☐ Knowledge/Awareness of Resources: lack of health education, knowl.of svcs
- ☐ Lack of responsible health practices
- ☐ Culture/Beliefs: cult.sensitive svcs/providers, cultural beliefs/attitudes
- ☐ Language: need for multilingual services
- ☐ Income: poverty, low income, homelessness
- ☐ Employment: unemployed, no employer based insurance
- ☐ Health Insurance: cost, lack of job-based insurance, limited coverage
- ☐ Consumer barriers: apathy; noncompliance; unwillingness to pay for insurance
- ☐ Sensory Barriers: lack of appropriate services for blind, deaf, handicapped
- ☐ Health System Financing/Affordability: instability of public sector system
- ☐ Lack of services: prevention, outreach, cutbacks, "user un-friendly"
- ☐ Geographic proximity to consumers, transportation access
- ☐ Lack of timely service: wait for appointments, waiting room time, queues
- ☐ Provider responsiveness: courtesy, respect
- ☐ Lack of policy commitment to public sector services, fear of Prop 187
- ☐ Lack of commitment to health promotion policy
- ☐ Other

5. Other Comments Regarding the Community's Health
(enter comments from questionnaire as text)

Respondent Characteristics

A1. Which community do you know best?

A2. UWIV # . . . ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

B. What is your area of expertise? _____

C. Which organizations/task forces do you represent? _____

D1. What is your ethnic/racial identity?

☐ African-American/Black

☐ Asian-American/Pacific
Islander

☐ Latino/Hispanic

☐ American Indian

☐ Non Hispanic White

☐ Other: _____

D2. Age (UWIV only) ☐Under 20 ☐20-35 ☐36-50 ☐51-65 ☐Over 65

**E. Would you be interested in receiving a copy of the Needs
Assessment Executive Summary?** ☐Yes ☐No

F. Respondent's Gender ☐Male ☐Female

G. Respondent's I.D. Number _____

H. Date of Interview _____ **I. Respondent's Zip Code** _____

APPENDIX F: Debriefing Letter



UNITED WAY OF THE INLAND VALLEYS

6215 RIVER CREST DRIVE, SUITE B, RIVERSIDE, CALIFORNIA 92507 (909) 697-4700 FAX (909) 656-8210

April 9, 1996

Dear

We would like to express our sincere appreciation for your participation in the Key Resource Survey interview. Your input was an important addition to the Community Needs Assessment process.

Enclosed please find a copy of the Executive Summary of the 1996 Community Profile. United Way of the Inland Valleys will be using the information obtained from this assessment to make funding decisions, to determine which problem areas and issues need priority status, to focus public awareness on unmet needs, and to initiate and collaborate in community problem-solving endeavors. Similarly, Kaiser Permanente of Riverside will be using the assessment to stimulate a Community Benefit Plan, aimed at improving the community's health and addressing the needs of its vulnerable populations.

If you have any questions or concerns regarding the Community Needs Assessment process overall, or your role as a respondent, please feel free to contact Mary Ann Stalder by telephone at United Way of the Inland Valleys at 909-697-4711, or in writing at:
6215 River Crest Drive, Suite B, Riverside, California 92507.

One of the staff members working on this project is a student at California State University, San Bernardino, Graduate of Social Work program. United Way of the Inland Valleys and Kaiser Permanente of Riverside have approved of her applying a portion of this project towards her research requirements. Anonymity of all respondents will be preserved. If you have any questions in this regard, you may contact Dr. Theresa Morris at California State University, San Bernardino, Master of Social Work Department at 909-880-5001, or at: 5500 University Parkway, San Bernardino, California 92407.

Again, on behalf of United Way of the Inland Valleys and Kaiser Permanente of Riverside, who is underwriting the project, thank you for your participation. Your time and assistance were essential components of the Community Needs Assessment process.

Sincerely,

Maurice Hodgen, Chair
Needs Assessment and Planning Committee

Melissa Bernstrom
Project Manager